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CONFIRMATION NO. 8787

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10/560,433	12/14/2005 RULE	435	1645	126239

APPLICANTS

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** CONTINUING DATA *****

This application is a 371 of PCT/FR04/50315 07/08/2004

** FOREIGN APPLICATIONS *****

FRANCE 03/08446 07/10/2003

** IF REQUIRED, FOREIGN FILING LICENSE GRANTED **
 09/12/2007

Foreign Priority claimed	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Met after Allowance NAA Initials	STATE OR COUNTRY	SHEETS DRAWINGS	TOTAL CLAIMS	INDEPENDENT CLAIMS
35 USC 119(a-d) conditions met	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		FRANCE	1	10	5

ADDRESS

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TITLE

Method for Detecting and/or Identifying Bacteria of the Genus Staphylococcus

FILING FEE RECEIVED 900	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees
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